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(703) 816-4091**FACSIMILE COVER SHEET**
PLEASE DELIVER IMMEDIATELY!!!!Our Ref.: 3665-140Your Ref.: Appln No. 10/533,157 Date: February 21, 2006

Office of Initial Patent Examination's Filing Receipt

To: CorrectionsFirm: USPTOFacsimile No.: Facsimile No.: (703) 305-9822From: B. J. SadoffNumber of Pages (including cover sheet): 3(IF YOU DO NOT RECEIVE ALL OF THE PAGES OR ENCOUNTER DIFFICULTIES IN TRANSMISSION,
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B. J. Sadoff

ATTACHMENT/S: Request for Correction of Filing Receipt and marked-up
copy of Filing Receipt mailed 2/8/2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE			
In re Patent Application of			
BOURGUIGNON et al.		Atty. Ref.:	<u>3665-140</u>
Serial No.	<u>10/533,157</u>	Group:	<u>1645</u>
Filed:	<u>28 April 2005</u>	Examiner:	<u>Unknown</u>
For:	CYCLIC NUCLEOTIDE PHOSPHODIESTERASE INHIBITORS, PREPARATION AND USES		

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

BOURGUIGNON et al.

Atty. Ref.: 3665-140

Serial No. 10/533,157

TC/A.U.: 1645

Filed: 28 April 2005

Examiner: Unknown

For: CYCLIC NUCLEOTIDE PHOSPHODIESTERASE INHIBITORS,
PREPARATION AND USES

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February 21, 2006

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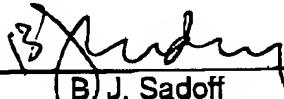
REQUEST FOR CORRECTION OF FILING RECEIPT

The Office is requested to provide a Corrected Filing Receipt which includes "CENTRE NATIONAL DE LA RECHERCHE SCIENTIFIQUE, Paris, France" and "FORENAP, Rouffach, France" under "Assignment For Published Patent Application". A marked-up copy of the Filing Receipt mailed February 8, 2006, is attached wherein the changes are shown as hand-written text. The Office is requested to advise the undersigned if anything further is required in this regard.

Respectfully submitted,

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By:


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3665-140

Page 1 of 3



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APPL NO.	FILING OR 371 (c) DATE	ART. UNIT	FIL FEE REC'D	ATTY.DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
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CONFIRMATION NO. 5191

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Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please mail to the Commissioner for Patents P.O. Box 1450 Alexandria Va 22313-1450. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

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Foreign Applications

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